·See Reverse Side for Instructions to complete this form.

HAZARDOUS WASTE GENERATOR'S EXCEPTION REPORT MISSOURI DEPARTMENT OF NATURAL RESOURCES



'91 JUN 27 PM 12 37 JEFFERSON CITY, MISSOURI 65102

RECEIVED

WASTE MAMPORTANTIES THE form shall be completed and filed by the generator MISSOUWIDEP THE Department within 45 days of the original shipment date, if NATURAL BEACHFEST document has not been returned to the generator by the facility within 35 days of the original shipment date (10 CSR 25-5.262). A legible copy of the manifest at issue must accompany this form.

Original Shipment Date 05/21/91 Date Form Completed 06/25/91 1. Generator's Name McDonnell Douglas Corporation - St. Louis Telephone (314) 232-3319 Address P.O. Box 516, MC 0343530 City St. Louis State MO Zip 63166 U.S. EPA I.D. Number* MOD000818963 Mo. Generator I.D. Number 001001 2. (1st) Transporter's Name <u>Chemical Waste Management, Inc.</u> Telephone (219)423-1655 Address P.O. Box 6070 City Fort Wayne
U.S. EPA I.D. Number* ILD099202681 Mo. Transporter I State IN Zip 46896 Mo. Transporter I.D. Number H-1610 (2nd) Transporter's Name Telephone (Address ___ State 3. Designated Facility Name Rollins Environmental Services (TX), Inc. Telephone (713)930-2300 Address P.O. Box 609, 2027 Battleground Rd. City Deer Park State TX Zip 77536 U.S. EPA I.D. Number TXD055141378 Mo. Facility I.D. Number* IOTX16 000 11 10 10 Missouri Manifest Document Number Generator I.D. Number Out-of-State Document Number 00261461 R00148153 RCRA RECORDS CENTER 5. Waste Identification -EPA -- total--Units of Waste Name Waste Code Volume** Quantity 17,920 A.-RO Hazardous Waste, Solid, N.O.S. ORM-E NA9189 D007 D. -Efforts made to trace the whereabouts of the missing hazardous waste or manifests.

7. "I have personally examined and am familiar with the information submitted on this form, and I hereby certify the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including fine and imprisonment."

Facility contacted on 21 June 91. Talked to Karen Gerrish of Manifest Dept. She said

Date 25 Jun 91 Signature 3 Front Print Name Robert KARTHAN

*If Applicable. **See reverse for list of abbreviated codes.

Form D.N.R. - H.W.G.-12 Revised 1-87

manifest was mailed on 21 June 91.

TEXAS WATER COMMISSION P.O. Box 13087, Capitol Station Austin, Texas 78711-3087

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form approved. OMB No. 2050-0039, expires 09-30-91

| A | | UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator's US EP N ひ む む む む む | Dan | lanifest ument No. | 2. Page of | 1 Informa | tion in | the shaded areas d by Federal law. | |
|--|---|--|---------------------------------------|--|-----------------------|---------------------|----------------------------------|------------------|---------------------------------------|--|
| | | enerator's Name and Mailing Address | 6 | | 105 | A. State | cumer | t Number | | |
| | MCD | Donnell Douglas Corporat | | Nº 00261461 B. State Generator's ID | | | | | | |
| | 4. G | 1. Box 5.0. HL U343530, Generator's Phone (314) 232-3 | | uu1001 - 99929 | | | | | | |
| | 5. T | ransporter 1 Company Name | er | C. State Transporter's IDH-1610 . 4077 | | | | | | |
| | Lne | mical WXXX Waste Hanage | 581 | DTransporter's Phone 19-423-1955 | | | | | | |
| | | 7. Transporter 2 Company Name 8. US EPA ID Number | | | | | Transporter porter's Pho | | | |
| | | esignated Facility Name and Site Add | ber | | Facility's ID | | , r- | | | |
| | 1 | lins Environmental Serv | , | | | | HW-50089001 | | | |
| | P. 0 |). Box 609. 2027 Battleg | | | | | H. Facility's Phone 713-930-2300 | | | |
| | 1100 FOLK, 11:XOS 17:330 | | | | | | 14. | l. | | |
| | НМ | Number) | | | No. | 1 | Total Quantity | Unit Wt/Vol | Waste No. | |
| | A | a. "RQ" = 10 lbs. Hazar | dous Maste, Sol | lid, II.O.S. | | | | | | |
| G | 學火 | (Contains paint-rela URM-E MADISO (DODZ) | ted material) | | 0.041 | CMI | 79al0 | P | 0007 | |
| ER | | b. | | | | STA | | | | |
| GENERATOR | | | | | | NATU | | 53 | | |
| Ř | | c. | | | - | AL D | 27 | S | | |
| | | | | | 1 | RI DEPA | - → m | TT TT | | |
| | | | | | - | E A | | K | 7' 15 = | |
| | | d. 7 | | | | OUNCE | | 0 | | |
| | | | | | | F Z | PRO 12 | | | |
| | J. Additional Descriptions for Materials Listed Above K. Handliffe Codes for Wa | | | | | | or Was | tes Listed Above | | |
| | W(ID 220 | | | | | | 孟 | | | |
| MO 1D 038 | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information | | | | | | | | | | |
| | "If unable to deliver to designated TSD facility, return to generator." | | | | | | | | | |
| | Emergency Contact: 314-232-2285 | | | | | | | | | |
| | 16. | GENERATOR'S CERTIFICATION: Thereb | ately descrit | ed above by p | ropersh | ipping name and are | | | | |
| | classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and na government regulations, including applicable state regulations. | | | | | | | | | |
| | | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present an | | | | | | | | |
| | future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and so the best waste management method that is available to me and that I can afford. | | | | | | | | eneration and select | |
| A | ٨ | A Printed/Typed Name . Signature . / / Month Day You | | | | | | | | |
| 1 | thing the . Wague Write . Wagues | | | | | | | 554191 | | |
| TR | 177. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Month Day Year | | | |
| NS | Printed Typed Name Signature Signature A Transporter 2 Acknowledgement of Receipt of Materials | | | | | | M | 19.5 31 F. | | |
| 00 | 08 | Transporter 2 Acknowledgement of Re | | A STATE OF THE PARTY OF THE PAR | PV-F- | Complete | / | | Date | |
| ER | | Printed/Typed Name | • | Signature | | | | -7.00 | Month Day Year | |
| | | Discrepancy Indication Space | | | | | | | - Inches and the second second second | |
| | B. 99929 added per Karen on El June 91 dsg-MDC | | | | | | | | <u> </u> | |
| FAC | C. | 19. Discrepancy Indication Space B. 99929 added per Karen on 21 June 91 dsq-MDC 2. 40770 added per Karen on 21 June 91 dsq-MDC | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted | | | | | | | as noted in | Item 19 | | |
| 1 | Printed/Typed Name Signature | | | | | | | Month Day Year | | |
| | | 7F | | 3.3.3.3.3 | | | | | 1 . . | |
| 200 | ACCURATE STATE | | | | | | | | 1 1 | |

McDonnell Aircraft Company P.O. Box 516, Saint Louis, MO 63166-0516

InCLAISTFROUGHTS
that Name of Difference
prompts on a name



MO DEPT OF NATURAL RESOURCES PO BOX 176 JEFFERSON CITY MO 65102

ATTN: EXCEPTION REPORT DEPT.

MICDONNELL DOUGLAS